

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390223	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u> 00 </u> B. WING: <u> </u>		(X3) DATE SURVEY COMPLETED: 05/26/2023
NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER AT PENN MEDICINE UNIVERSITY CITY		STREET ADDRESS, CITY, STATE, ZIP CODE: 3737 MARKET ST PHILADELPHIA, PA 19104			
STATE LICENSE NUMBER: 24051501					
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S 0000	INITIAL COMMENT	S 0000			
S 331A	This report is the result of a State licensure survey conducted on June 23, 2022, and June 24, 2022, and completed on August 2, 2022, at the Surgery Center at Penn Medicine University City. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.	S 331A			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:	

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S 331A	Continued from page 1 553.31 (a) Administrative responsibilities A full time person in charge shall be appointed who has authority and responsibility for the operation of the ASF at all times. Qualifications, authority, responsibilities and duties of the person in charge shall be defined in a written statement adopted by the governing body. This REGULATION is not met as evidenced by:	S 331A	Plan of Correction: Following the inspection, the Surgery Center at Penn Medicine University City submitted an exception to the Department of Health, Division of Acute and Ambulatory Care under 28 Pa. Code § 553.31(a) and (b) Administrative responsibilities in order to share an administrator between the Surgery Center and the Penn Digestive and Liver Health Center University City (PDLH), both of which being ambulatory surgical facilities under Penn Presbyterian Medical Center's governing body. The Department of Health granted the exception on January 4, 2023. The governing body, the Penn Presbyterian Medical Center (PPMC) Trustee Board, approved the Administrator-in-Charge permanently rather than interim via a formal Board of Trustees resolution on January 31, 2023.	Completion Date: 06/20/2023 Status: APPROVED Date: 06/04/2023	

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S 331A	Continued from page 2	S 331A	The Surgery Center will meet the exception requirements. The Administrator's performance will be assessed separately for the Surgery Center and PDLH so that the shared role allows optimal patient care at both facilities. Any concerns will be rapidly evaluated to detect changes in performance that are detrimental to patient care. Coverage for the Administrator by a qualified individual will be ensured by leadership applying the ASF Chain of Command Policy and Procedure # 20-020, last reviewed by the Quality Committee on May 9, 2023. Consistent with the policy, neither the Chief Nursing Officer/Director of Nursing, the Chief Medical Officer/Medical Director of PDLH or Surgery Center, nor the Patient Safety officer will be permitted to assume the backup role of an ASF Administrator. There is a separately appointed Patient Safety Officer for the Surgery Center who was appointed by the governing body on September 21, 2022. The		

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S 331A	Continued from page 3	S 331A	<p>PPMC senior leadership team, which the Acting Chief Executive Officer oversees, has the authority and responsibility to ensure that both ASFs have an effective administrator on duty at all times so that the dual role will not adversely impact patient care and that the community will be well served.</p> <p>For ongoing quality assurance and performance improvement, the Surgery Center Quality Committee will report on its compliance with this action plan and in meeting the exception requirements. There will be a report of any occurrences with follow-up activities as a result of this exception at the next, Quality meeting scheduled for June 13, 2023.</p> <p>Responsible Party: Administrator of the Surgery Center at Penn Medicine University City.</p>		

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S 331A	<p>Continued from page 4</p> <p>Based on a review of facility documents, Department of Health (the "Department") data base, personnel files (PF) and interview with staff (EMP), it was determined the Governing Body failed to ensure that a full time person in charge was appointed who had the authority and responsibility for the operation of the ambulatory surgery facility at all times.</p> <p>Findings include:</p> <p>A review of facility document "Penn Presbyterian Medical Center Trustee Board Ambulatory Surgical Facility Coordinating Committee" dated May 26, 2021, revealed "Resolution on the Appointment of (EMP20), as Interim Administrator in Charge and Interim Patient Safety Officer of the Surgery Center at Penn Medicine University City, a facility of Penn Presbyterian Medical Center. ...The Chief Executive Officer ('CEO') of Penn Presbyterian Medical Center ('PPMC') has recommended the appointment of (EMP20) to serve as Interim Administrator in Charge and Interim Patient Safety</p>	S 331A			

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S 331A	Continued from page 5 Officer of Surgery Center. ...Consistent with the Pennsylvania Department of Health's granting of PPMC's exception request regarding 28 Pa. Code §553.31(a) on February 2, 2021, there will be a management staff person on site and in charge of operations when the Administrator is Charge is not present at either PDLH (Penn Digestive and Liver Health Center) or the Surgery Center..." A review on June 23, 2022, of PF6, for EMP20, revealed a Job Description for "Administrator, Ambulatory Surgical Facility (ASF) Assistant Executive Director" signed by EMP20 May 31, 2022. Further review revealed "Job Summary. Reports to the Associate Executive Director and provide [sic] executive leadership for Penn Medicine at University City Ambulatory Surgical Facilities at 3737 Market Street. Has Administrative responsibility and acts as the Patient Safety Officer for the Ambulatory Surgical Center and the Penn Digestive and Liver Health Center (University City). Overseeing the operations as well as helps coordinate strategic planning related to the ASF service lines. ...Responsible for the overall	S 331A			

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S 331A	<p>Continued from page 6</p> <p>environment of care in the Penn Medicine University City (PMUC) location to ensure the safety of patients and staff in the ASFs."</p> <p>A review on June 23, 2022, of the Surgery Center's license issued July 31, 2021, revealed an exception for 28 Pa. Code §553.31(a), Administrative Responsibilities, was not listed on the facility's license.</p> <p>A review of the Department's data base revealed there was no record that an exception to 28 Pa. Code §553.31(a), Administrative Responsibilities, had been granted by the Department to the Surgery Center at Penn Medicine University City to allow EMP20 to act as the Administrator for another facility.</p> <p>A telephone interview conducted on August 2, 2022, at 11:40 AM with EMP1, EMP20, and EMP23, confirmed EMP20 was the acting Administrator of both the Surgery Center at Penn Medicine University City and the Penn Digestive</p>	S 331A			

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S 331A	Continued from page 7 and Liver Health Center (PDLH). EMP1 and EMP23 further confirmed the Surgery Center at Penn Medicine University City had not been granted an exception to 28 Pa. Code §553.31(a), Administrative Responsibilities, to allow EMP20 to act as the Administrator for another facility at the time of the relicensure survey.	S 331A			
S 530A		S 530A			

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S 530A	Continued from page 8 555.3. (a-f) Requirements for membership & privileges a-f § 555.3. Requirements for membership and privileges. (a) To receive favorable recommendation for appointment, or reappointment, members of the medical staff shall always act in a manner consistent with the highest ethical standards and levels of professional competence. (b) Privileges granted shall reflect the results of peer review or utilization review programs, or both, specific to ambulatory surgery. (c) Privileges granted shall be commensurate with an individual ' s qualifications, experience and present capabilities. (d) Granting of clinical privileges shall follow established policies and procedures in the bylaws or similar rules and regulations. The procedures shall provide the following: (1) A written record of the application, which includes the scope of privileges sought and granted. The delineation ' ' clinical privileges ' ' shall address the administration of anesthesia. (2) A review, summarized on record with appropriate documentation, of the qualifications of the applicant. (e) Reappraisal and reappointment shall be required of every member of the	S 530A	The Surgery Center at Penn Medicine University City, a facility of the Penn Presbyterian Medical Center (PPMC), took prompt steps to ensure that all medical staff credentialed at the Surgery Center have the appropriate clinical privileges that fall within the approved scope of the license granted to the facility by the Pennsylvania Department of Health. Immediate Corrective Action: The immediate corrective action included the Surgery Center leadership contacting the Office of Medical Affairs to notify the Chief of Gynecology of the survey finding and non-compliance. At the time of the survey, the Chief of Gynecology agreed to immediately remove Privilege 1A.29 (elective termination of pregnancy by D&E at less than or equal to 14 completed weeks gestation) from the PPMC Gynecology ASF privilege form. The Chair of the Department of GYN for PPMC approved the removal of this privilege, as did the PPMC	Completion Date: 07/31/2023 Status: APPROVED Date: 06/12/2023	

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S 530A	Continued from page 9 medical staff at regular intervals no longer than every 2 years. (f) The governing body shall request and consider reports from the National Practitioner Data Bank on each practitioner who requests privileges. This REGULATION is not met as evidenced by:	S 530A	Credentials and Practitioner Review Committee on June 27, 2022; the PPMC Medical Executive Committee (MEC) on June 28, 2022; and the PPMC Board of Trustees on June 30, 2022. To prevent a re-occurrence of this finding, the Chief of Gynecology was re-educated at the time of the survey on the privilege approval process. The chief conferred with members of the Surgery Center leadership team as well as members of the Office of Medical Affairs, on the need to ensure each privilege had the capability of being performed at the Surgery Center, meeting regulatory requirements, and that the privilege corresponded with the list of procedures approved to be performed at the Surgery Center by the Department of Health. A special meeting was held with the Chief of Gynecology to review each privilege against the approved procedure list at the Surgery Center to verify that they are congruent; the		

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S 530A	Continued from page 10	S 530A	<p>specialty procedures on the approved procedure list had to correspond with the approved privilege list.</p> <p>Within the meeting, the chief considered the following factors:</p> <ol style="list-style-type: none"> 1. Equipment and Supplies 2. Safety considerations, including the type of procedure; potential for complications; high-risk admissions 3. Any statutory/regulatory restrictions surrounding the procedure 4. Any population-specific factors. <p>This review occurred from November 16, 2022, through November 30, 2022.</p> <p>To confirm the accuracy of the remaining Surgery Center departments/services, the Office of Medical Affairs, in coordination with the respective PPMC Chiefs/Regulatory Team/ Penn Medicine University City Surgery Center leadership, thoroughly reviewed its Surgery Center privilege forms against the list of approved</p>	

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S 530A	Continued from page 11	S 530A	procedures and the factors listed above. Meetings were scheduled and conducted with the chief of the service or designated leader and advanced practice providers (APP) leaders from each specialty. From November 16, 2022, through March 10, 2023, the Office of Medical Affairs, designated operational leaders at the Surgery Center, and Regulatory, the respective chief or designee of each specialty at the Surgery Center, followed the same procedures as the above gynecology chiefs when reviewing privileges and procedures. The chiefs or designees of each specialty received education and confirmed the privileges aligned with the procedures approved at the Surgery Center and regulations. The PPMC Credentials and Practitioner Committee, the MEC, and the Board of Trustees approved any modification to the specialty privileges. Each privileged gynecology provider will receive notification of their		

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S 530A	Continued from page 12	S 530A	<p>updated privileges and that privilege 1A.29 (elective termination of pregnancy by D&E at less than or equal to 14 completed weeks gestation) was removed. The remaining providers will receive a notification with their current list of privileges they are approved to perform: completion date, June 30, 2023.</p> <p>The Surgery Center Quality Committee will receive a report on the outcome of the review process on July 11, 2023.</p> <p>To sustain compliance with this regulation and for patient safety, the Admission Criteria 1.0 policy at the Surgery Center was modified and enhanced to include essential considerations the chiefs or designated leaders must consider when adding new procedures/reviewing privileges. At the time of initial appointment and reappointment, the chief of service or designee must approve the privileges and ensure they align with</p>		

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S 530A	Continued from page 13	S 530A	<p>the official Surgery Center-approved procedure list. The policy includes that the Surgery Center Administrator and Medical Director must approve new procedures to ensure they align with the practitioner's privileges. The policy also includes that scheduled cases require a review by the Director of Anesthesia and the Director of Nursing or their approved designees to confirm the patient procedure is on the approved procedure list and aligns with the operating provider's privileges. The Surgery Center Quality Committee will review and approve the revised policy on July 11, 2023.</p> <p>The Office of Medical Affairs, in collaboration with Surgery Center leadership, will provide formal education to the Surgery Center chiefs of the services and operational leaders on the survey findings, corresponding action plan, regulations, and the revised policy at the PPMC Medical Executive Committee (MEC) meeting on July</p>		

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S 530A	Continued from page 14	S 530A	<p>12, 2023; the Credentials and Practitioner Review Committee meeting scheduled for July 24, 2023; and the PPMC Trustees Board Executive Committee meeting on July 27, 2023. There will also be a presentation by a member of OMA to educate members of the Surgery Center Quality Committee meeting on July 11, 2023.</p> <p>The Surgery Center will monitor its performance by the following:</p> <ul style="list-style-type: none">- The Medical Director and Administrator will designate a trained Surgery Center Operational Leadership team member to conduct 30 random monthly audits to verify the privileges posted on the Penn Medicine privilege website are approved, align with regulatory requirements, and correspond with the official Surgery Center procedure list.- Monthly aggregate data will be reported quarterly to the Surgery Center Quality Committee until two		

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S 530A	Continued from page 15	S 530A	quarters of sustained reporting at 100% compliance. The Surgery Center Medical Director and Administrator will collaborate to address discrepancies and recommend corrective action as part of ongoing quality assurance and performance improvement activities. The ASF Trustees Coordinating Committee, a PPMC's Board of Trustees subcommittee, will receive an executive summary of the audit results. Responsible Party: Administrator of the Surgery Center at Penn Medicine University City.		

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S 530A	Continued from page 16 Based on a review of credential files (CF), facility documents, and interview with staff (EMP), it was determined the Governing Body failed to ensure that privileges approved for physicians of the Surgery Center at Penn Medicine University City was congruent with the approved procedures and the facility license approved/granted by the Department of Health-Division of Acute and Ambulatory Care ("Department") for the ambulatory surgery center. Findings include: 1). A review on June 23, 2022, of CF4, a physician, revealed a letter on behalf of the Board of Trustees dated March 17, 2022, approving CF4's reappointment to the Medical Staff of The Surgery Center at Penn Medicine University City for the period April 1, 2022 to March 31, 2024, for the Department of Gynecology. Further review revealed the document "Provider Privileges" that listed the privileges CF4 was approved to perform at the Surgery Center. Further review of the approved privileges revealed "1A.29 Elective	S 530A			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390223	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/26/2023
NAME OF PROVIDER OR SUPPLIER: SURGERY CENTER AT PENN MEDICINE UNIVERSITY CITY STATE LICENSE NUMBER: 24051501			STREET ADDRESS, CITY, STATE, ZIP CODE: 3737 MARKET ST PHILADELPHIA, PA 19104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 530A	<p>Continued from page 17</p> <p>termination of pregnancy by D&E at less than or equal to 14 completed weeks gestation."</p> <p>A review on June 23, 2022, of the facility license effective July 31, 2021, revealed "The Pennsylvania Department of Health hereby issues this certificate of licensure to the above Class 'C' Ambulatory Surgery Center." Further review revealed there was no approval granted by the Department for the facility to perform abortions.</p> <p>An interview conducted on June 23, at 1:20 PM with EMP23 confirmed CF4's privileges included "elective termination of pregnancy by D&E at less than or equal to 14 completed weeks gestation." EMP23 stated "The elective termination of pregnancy privileges was added to all physicians at the center that was granted gynecological privileges the year we added gynecological procedures."</p> <p>2). A review of facility document "Physicians with Privileges for Elective Termination of Pregnancy" received from the facility on June 24, 2022, at 3:26</p>	S 530A			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390223	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/26/2023
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S 530A	Continued from page 18 PM revealed 25 physicians was listed as having Privileges for Elective Termination of Pregnancy. An interview conducted on June 23, 2022, at 12:27 PM with EMP19, the facility's Medical Director, confirmed elective termination of pregnancy was not an approved procedure at the Surgery Center at Penn Medicine University City. EMP19 stated "There should not be elective termination of pregnancy by D&E on the privileges form. We do not perform that procedure at this campus."	S 530A			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390223	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/26/2023
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S 530A	Continued from page 19	S 530A			



Certified End Page

SURGERY CENTER AT PENN MEDICINE UNIVERSITY CITY

STATE LICENSE NUMBER: 24051501

SURVEY EXIT DATE: 05/26/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY